

FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,920

Complete if Known

Application Number 10/776,333
Filing Date 02/10/2004
First Named Inventor Moshman
Examiner Name Mercier, Melissa S.
Art Unit 1615
Attorney Docket No. 077350.0136

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377

Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------------|--------------|-----|----------|
| Total Claims | | 52 | \$0 |
| Independent Claims | | 220 | \$0 |
| Multiple Dependent | | | \$0 |

SUBTOTAL \$0

| Fee Description | Large Entity | Small Entity |
|---------------------------------------|--------------|--------------|
| Claims in excess of 20 | 52 | 26 |
| Independent claims in excess of 3 | 220 | 110 |
| Multiple dependent claim, if not paid | 390 | 195 |

FEE CALCULATION (continued)

ADDITIONAL FEES

| | |
|---|---------|
| <input type="checkbox"/> Surcharge - late oath or filing fee | |
| <input type="checkbox"/> Non-English Specification | |
| <input type="checkbox"/> Extension for reply within first month | |
| <input type="checkbox"/> Extension for reply within second month | |
| <input checked="" type="checkbox"/> Extension for reply within third month | \$1,110 |
| <input type="checkbox"/> Extension for reply within fourth month | |
| <input type="checkbox"/> Extension for reply within fifth month | |
| <input type="checkbox"/> Notice of Appeal | |
| <input type="checkbox"/> Filing a brief in support of an appeal | |
| <input type="checkbox"/> Petition to revive - unavoidable | |
| <input type="checkbox"/> Petition to revive - unintentional | |
| <input type="checkbox"/> Utility Issue Fee | |
| <input type="checkbox"/> Design Issue Fee | |
| <input type="checkbox"/> Publication Fee | |
| <input type="checkbox"/> Petitions to the Commissioner | |
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | \$810 |
| <input type="checkbox"/> Information Disclosure Statement (IDS) | |

Other fee -

SUBTOTAL (\$ 1,920

SUBMITTED BY

Name (Print/Type) Jason C. Chumney

Registration No. 54,781
(Attorney/Agent)

(Complete if applicable)

Telephone 212-408-2500

Signature

Date 07/20/2011

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.